SOUTH CAROLINA AMBER ALERT CANCELLATION FORM

DATE:		TIME:	AM/PM
TO:		OLINA LAW ENFORCEMENT D 6-7041 (If problem, call 803/73	
FRO	M:		
CON	TACT PERSON	N:	
TELI	EPHONE #:		
FAC	SIMILE #:		
		CANCELLATION INFORM	MATION
NCIO	C#:		
VICT	TIM'S NAME:		
DAT	E OF BIRTH:		
REA	SON FOR CAN	ICELLATION:	